



# THE INSURANCE ADVANTAGE

SOUTH CAROLINA BUDGET AND CONTROL BOARD — EMPLOYEE INSURANCE PROGRAM

## TIME TO MAKE CHOICES FOR '09

Annual enrollment is here! Use this newsletter to learn about your insurance options for 2009 and what changes you can make during annual enrollment, October 1-31, 2008.

By January, you will receive your 2009 *Insurance Benefits Guide*, detailing all the benefits programs offered through the Employee Insurance Program.

All changes you make during annual enrollment will go into effect January 1, 2009.



## SAVE A BUNDLE WITH MONEYPLUS

Are you thinking about opening a MoneyPlus® Dependent Care or Medical Spending Account? Find out how to enroll in these money-saving programs. **Page 4**

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## All Subscribers Can Use MyBenefits

During annual enrollment, active employees, retirees, survivors and COBRA\* subscribers can change their coverage anywhere they have Internet access with MyBenefits, the online enrollment system from the Employee Insurance Program (EIP).

**NEW!**

### How to Use MyBenefits

To log into MyBenefits, visit EIP's Web site, [www.eip.sc.gov](http://www.eip.sc.gov), and select "MyBenefits" from the menu on the left of the home page. First-time users must register before they can access their benefits information.

A summary of your registration information will appear after you complete this process. This is the only time it will be displayed. **You may want to print this screen and keep it in a safe place.**

**Check with your benefits administrator or EIP if you find you do not have access to MyBenefits.**

See **MYBENEFITS** on page 7

\* If you are a new COBRA subscriber, you will not have access to MyBenefits until you have paid your initial COBRA premiums.

### Important Reminders

- EIP will no longer send benefits statements to benefits administrators to distribute to active employees, so be sure to print your statement from MyBenefits. EIP will continue to mail benefits statements to retiree, COBRA and survivor subscribers.
- You can also use MyBenefits year-round to review your benefits and update your contact information. Active employees can also change their beneficiaries. **Be sure to make these changes before making your annual enrollment changes.**

## Tobacco Users Face Higher Premiums in 2010

Beginning January 1, 2010, subscribers who use tobacco will pay more for their health insurance through the Employee Insurance Program (EIP).

**NEW!**

The South Carolina Budget and Control Board has approved charging smokers and other tobacco users higher health insurance premiums than those who do not smoke or use tobacco to be effective January 1, 2010.

Along with all the other good reasons to quit smoking, the additional premium to be charged beginning one year out makes now the best time ever to enroll in the Free & Clear® Quit for Life™ program.

As a State Health Plan subscriber — active or retired — you and your covered dependents ages 18 and older may participate (at no charge) in Free & Clear, a research-based program that has been successful in helping people stop tobacco use.

Free & Clear is also available to BlueChoice HealthPlan subscribers. Call 866-QUIT-4-LIFE (866-784-8454) to enroll.

CIGNA HMO subscribers can participate in their health plan's smoking cessation program by calling 800-244-6224.



# What You Need to Know for Annual Enrollment

During the October 1-31 annual enrollment period, you can change your health insurance plan for the coming year. If you are satisfied and would like to stay in the same health plan for 2009, you do not have to do anything. You will automatically be re-enrolled for 2009. **(Subscribers enrolled in MUSC Options should choose another plan during annual enrollment, because this plan will not be offered in 2009.)**

## Important Annual Enrollment Reminders

Any changes you make during annual enrollment become effective January 1, 2009.

### To change your health plan

— If you want to change plans for 2009, review the comparison chart on pages 6-7. More in-depth information on these plans may be found in your *Insurance Benefits Guide*. To change plans, you must either log into MyBenefits, the Employee Insurance

Program's online enrollment system, or complete a Notice of Election (NOE) form, selecting the changes you want to make. Read "All Subscribers Can Use MyBenefits" on page 1 for more information. You can get an NOE form from your benefits administrator or on the EIP Web site. To fill out a form online, visit [www.eip.sc.gov](http://www.eip.sc.gov). Select "Choose Your Category," and click on "Forms."

### If you enroll in a Health Maintenance Organization (HMO)

— Make sure it is offered in a county where you live or work. For more information on where the HMOs are offered, see the chart on pages 6-7.

### To participate in MoneyPlu\$

**accounts in 2009** — You must enroll or re-enroll in MoneyPlu\$ Medical Spending or Dependent Care accounts during annual enrollment. Remember, only active employees are eligible to participate in these accounts. If you enroll in the Savings Plan during October, you may be eligible to enroll in a Health Savings Account for 2009. More information on these MoneyPlu\$ accounts is on pages 4-5.



## What You Can Do During Annual Enrollment

- **Change health plans.** For more details, see your health plan choices below.
- Employees may apply for Supplemental Long Term Disability coverage by providing medical evidence of good health.
- **Employees may enroll in, or make changes to, their life insurance coverage.** For more information, see "Your Life Insurance Coverage Options for 2009" on page 5.

## What You Cannot Do During Annual Enrollment

- **You cannot add or drop** health or dental coverage for yourself or your dependents.

## Your Health Plan Choices

Following are the health plan choices offered for 2009. The chart on pages 6-7 is a brief comparison of these health insurance plans. The premiums are on pages 8-9. For details, consult your 2008 *Insurance Benefits Guide* (IBG).

The section on the State Health Plan, which includes the Savings

See **ENROLLMENT** on page 3

## ATTENTION RETIREES

Whether you qualify for Medicare because of age or a disability, **remember:**

- Within 31 days of eligibility, *notify the Employee Insurance Program (EIP) and submit a copy of your Medicare card.*
- Enroll in **Part A** and **Part B**. If you do not sign up for Part B, *you will be required to pay the portion of your healthcare costs that Part B would have paid.*
- Most subscribers covered through EIP should not enroll in Medicare **Part D** because the prescription drug coverage under EIP plans is as good as, or

better than, the standard Medicare prescription drug coverage. See "Part D Creditable Coverage Letter" on page 229 of your 2008 *Insurance Benefits Guide* to learn more.

For more information, read the 2008 *When You Become Eligible for Medicare Handbook* or contact your benefits administrator or EIP. The handbook is available on our Web site at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category, then select "Publications."



**ENROLLMENT** From page 2

Plan and the Standard Plan, begins on page 30. The health maintenance organization (HMO) section begins on page 62.

**Active Employees and COBRA Subscribers:**

- **The State Health Plan (SHP)** — There are two options available for 2009: the SHP Standard Plan and the SHP Savings Plan. These plans are offered statewide to all eligible employees and COBRA subscribers. An employee who changes from the Savings Plan to another plan is no longer eligible to contribute to a Health Savings Account (HSA). See pages 4-5 for instructions on stopping HSA contributions. For more details on the SHP plans, see pages 6-7.
- **HMOs** — There are two HMOs available for 2009: BlueChoice HealthPlan and CIGNA. Please see pages 6-7 for details on these plans.

**Retirees and Survivors Younger than 65:**

- The State Health Plan Savings Plan
- The State Health Plan Standard Plan
- **An HMO** offered in the county where you live
- **Medicare Supplemental Plan**, if eligible for Medicare due to disability (Be sure to enroll in Medicare Parts A and B as soon as you are eligible.)

**Retirees and Survivors 65 and Older:**

- (Be sure to enroll in Medicare Parts A and B as soon as you are eligible.)
- The Medicare Supplemental Plan
  - The State Health Plan Standard Plan
  - **An HMO** offered in the county where you live

**Note for Retirees**

If eligible, you can change to the Medicare Supplemental Plan during the October enrollment period.



## Contact Information

**Aetna (Long Term Care)**

- Customer Service Phone: 800-537-8521
- Fax: 860-952-2024
- Web: [www.aetna.com/group/southcarolina](http://www.aetna.com/group/southcarolina)

**APS Healthcare, Inc. (State Health Plan Mental Health and Substance Abuse)**

- Customer Service Phone: 800-221-8699
- Tobacco Cessation: 866-784-8454
- Fax: 888-897-8931
- Web: [www.apshealthcare.com](http://www.apshealthcare.com) (password: statesc)

**BlueChoice HealthPlan**

- Member Services Phone: 803-786-8476 (Greater Columbia area); 800-868-2528 (toll-free outside the Columbia area)
- Web: [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

**BlueCross BlueShield Of South Carolina (State Health Plan)**

- Health - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside the Columbia area)
- Health Fax: 803-264-4204
- Medi-Call: 803-699-3337 (Greater Columbia area); 800-925-9724 (toll-free outside the Columbia area)
- Medi-Call Fax: 803-264-0183
- BlueCard Program Phone: 800-810-BLUE (2583)
- Dental - Customer Service Phone: 888-214-6230
- Dental Fax: 803-264-7739
- Web: [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

**CIGNA Healthcare HMO**

- Member Services Phone: 800-244-6224
- Web: [www.cigna.com](http://www.cigna.com)

**Employee Insurance Program**

- Customer Services Phone: 803-734-0678 (Greater Columbia area); 888-260-9430 (toll-free outside the Columbia area)
- Fax: 803-737-0825
- Retiree Billing: 803-734-1696
- Web: [www.eip.sc.gov](http://www.eip.sc.gov)

**Fringe Benefits Management Company (MoneyPlu\$)**

- Customer Service Phone: 800-342-8017
- Claims Fax: 888-800-5217
- Web: [www.myFBMC.com](http://www.myFBMC.com)

**The Hartford (Life Insurance)**

- Medical Evidence of Good Health Phone: 800-331-7234
- Death Claims Phone: 888-563-1124
- Retiree Enrollment/Claims Phone: 888-803-7346, ext. 33666
- Insurance Conversion Phone: 877-320-0484

**Medco****(State Health Plan Prescription Drug Program)**

- Customer Service Phone: 800-711-3450
- Web: [www.medco.com](http://www.medco.com)

**The Prudential Insurance Company of America (Long Term Care)**

- Customer Service Phone: 877-214-6588
- Fax: 877-773-9515

**Standard Insurance Company (Long Term Disability)**

- Customer Service Phone: 800-628-9696
- Fax: 800-437-0961
- Medical Evidence of Good Health Phone: 800-843-7979
- Web: [www.standard.com](http://www.standard.com)



# Savings Add Up Fast With MoneyPlu\$ Programs

For details on the MoneyPlu\$ programs — eligibility, IRS guidelines, fees, contribution limits and more — read the *MoneyPlu\$ Tax-Favored Accounts Guide*. This booklet is available through your benefits administrator and online at [www.eip.sc.gov](http://www.eip.sc.gov). Choose your category (Active Subscribers) and then “Publications.”

## Pretax Group Insurance Premium Feature

This feature allows you to pay your premiums for health, dental and Optional Life (for coverage up to \$50,000) *before taxes are taken from your paycheck*.

- Check “Yes” or “No” on your Notice of Election (NOE) form whether you want this feature. Once enrolled, you do not need to re-enroll each year to continue participating.

## Dependent Care and Medical Spending Accounts

You must enroll or re-enroll in a Dependent Care Account and/or a Medical Spending Account (MSA) or a limited-use MSA if you wish to participate in 2009. Paper enrollment forms are still available from your benefits administrator, but **consider enrolling online**. See page 5 for details.

- To participate in an MSA or limited-use MSA, you must be an active employee and, by January 1, 2009, you must have worked for one year for an employer participating in EIP programs.
- MSA subscribers may sign up for an **EZ REIMBURSE® MasterCard®**.
  - You must check the box on the enrollment form to use the card in 2009.
  - The card is not available with limited-use MSAs.
  - If your card expires in December 2008, your new card will arrive at the end of December.

## Health Savings Account

**You must be covered by the State Health Plan Savings Plan or another high-deductible health plan to be eligible to contribute to a Health Savings Account (HSA).** You cannot be covered by any other type of health plan, including Medicare (Part A or B), and you

cannot be claimed as a dependent on another person’s tax return.

A regular MoneyPlu\$ Medical Spending Account (MSA) — even a spouse’s MSA — is also considered *other health insurance*. You may, however, contribute to a *limited-use* MSA, which can be used for dental and vision expenses.

- **If you were enrolled in an HSA in 2008, you do not need to re-enroll for 2009 if you remain eligible.**

You may change the amount you contribute monthly to your HSA. To start, stop or change your monthly contributions, complete a MoneyPlu\$ enrollment form and enter the new amount (\$0 to stop contributions) on the form.

- If you enroll in the Savings Plan during October, your enrollment will go into effect January 1, 2009. As of that date,

you will be eligible to contribute to an HSA. **You can enroll in the MoneyPlu\$ HSA during October and begin contributing to your new HSA beginning January 1, 2009, if your MSA (if you have one) has a \$0 balance as of December 31, 2008.** If you have an MSA with funds in it as of December 31, you must wait until April 1, 2009, to start contributing to your HSA.

- **You can start an HSA mid-year and contribute the full annual amount, as long as you are covered by the Savings Plan on or before December 1, AND you continue to be eligible for a full 12 months after the end of the year.**
- Once you are enrolled in the Savings Plan, enrolling in an HSA is a two-step process. First, you must complete the **MoneyPlu\$ enrollment form**, choosing the Health Savings Account (Section A of the form). Return this form to your benefits administrator. Next, you must **open your HSA custodial bank account**. Go to the EIP Web site, [www.eip.sc.gov](http://www.eip.sc.gov), and click on “Links” at the top of the home page, then choose “Open HSA Bank Account.” Print and sign the completed application and submit it, along with copies of two forms of ID, to the HSA Operations address listed on the application. Accounts are usually opened within two days of receipt of the application.

**NEW!**



See **MONEYPLUS** on page 5

## Your Life Insurance Coverage Options for 2009

Have you considered enrolling in, or making changes to, your Optional Life or Dependent Life coverage? Here are changes you may make during annual enrollment:

- Employees who are not enrolled in Optional Life can enroll for up to \$50,000 of coverage, in \$10,000 increments, **without** medical evidence of good health.\*
- Employees enrolled in Optional Life can increase their coverage in \$10,000 increments, up to \$50,000, **without** medical evidence of good health.\*
- Employees can enroll eligible children for \$15,000 in Dependent Life coverage **without** medical evidence of good health throughout the year. Employees can also enroll their spouses in Dependent Life or can increase

spousal coverage **with** medical evidence of good health. See the Life Insurance chapter of your 2008 *Insurance Benefits Guide* for more information about these options.

- As always, employees can decrease or cancel Optional Life or Dependent Life coverage.\*

**Coverage changes will go into effect January 1, 2009.**

\* Employees who participate in the MoneyPlu\$ Pretax Group Insurance Premium Feature may make these changes only during October enrollment or within 31 days of a special eligibility situation. Those who do not may make changes throughout the year.



**NOTES ON EFFECTIVE DATES:** Employees must be actively at work for any Optional Life changes to go into effect January 1. If an employee is absent from work due to a physical or mental condition, including absence due to maternity/birth, on the date his Optional Life selection should become effective, the effective date will be the date he returns to work as an active, permanent, full-time employee for one full day.

The effective date of Dependent Life insurance may also be deferred. If the dependent (other than a newborn) is confined in a hospital or elsewhere due to a physical or mental condition on the date his Dependent Life selection should become effective, the effective date will be the date the dependent is discharged or no longer confined elsewhere and has engaged in the normal activities of a healthy person of the same age for at least 15 days in a row. To be "confined elsewhere" means the dependent is unable to perform the normal functions of daily living or is unable to leave home without assistance.

### MONEYPLU\$ From page 4

- **If you will not be contributing to your MoneyPlu\$ HSA in 2009**, but want to keep your HSA account with NBSC open, the \$1 monthly fee will continue unless you have a minimum balance of \$2,500. Accounts that are inactive for 12 months (no deposits or withdrawals) will be charged an additional monthly fee of \$5. If your account balance drops below \$25, you need to use the balance and close the account until you are eligible to contribute again. Do not overdraw your account, or you will incur overdraft charges.
- **The HSA contribution limits for 2009 are \$3,000 for individual accounts and \$5,950 for family accounts.** A subscriber age 55 or older may contribute an additional \$1,000 in 2009 under a "catch up" provision. HSA contributions may be made in a lump sum, in equal amounts (such as through payroll deduction with MoneyPlu\$) or in any other combination of payments. Your total contribution for the year may not exceed the limit.



### Re-enrolling in MoneyPlu\$ is Easy Online

If you are enrolled in a Medical Spending Account (MSA) or a Dependent Care Account (DCA), it is quick and easy to re-enroll online. **If you have an MSA, you can also add a DCA online.**

During October, go to FBMC's Web site, [www.myFBMC.com](http://www.myFBMC.com), and log in. If this is your first visit to the site, or if you haven't visited the site this year, you must register with the Premier Login system. You will be asked to enter your name, zip code and e-mail address, as well as your Social Security Number. You will also choose a new password. Once you supply this information, a confirmation will be sent to the e-mail address you provided so that FBMC can verify the address. This confirmation e-mail will contain a link to click to complete the registration.

Once this one-time registration has been completed, you will only need your e-mail address and password to access your account information at [www.myFBMC.com](http://www.myFBMC.com).

You can change your choices at any time until enrollment ends on October 31. Only your last form, whether it was submitted online or through your benefits administrator, will be processed.

If you need help, call FBMC customer service at 800-342-8017, 7 a.m.-10 p.m., Monday through Friday.



**This chart is for comparison purposes only. For more information on these plans, please refer to your 2008 *Insurance Benefits Guide*.**

## Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan <sup>2</sup>		BlueChoice HealthPlan of South Carolina <sup>2</sup>
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties  Emergency and urgent coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46		\$148.50
	\$ 72.56		\$237.50		\$423.84
	\$ 20.28		\$142.46		\$320.28
	\$108.56		\$294.58		\$629.70
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. I				
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copay \$15 OB/GYN well-woman exam \$30 specialist copay
	No per-occurrence deductible or copays				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/ first 3 visits Emergency care: \$125 copay, HMO pays 90% after copays You pay 10% Urgent care: \$35 copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$10 Tier 1 (generic-lowest cost alternative), \$25 Tier 2 (brand-higher cost alternative), \$40 Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$25 Tier 1, \$62 Tier 2, \$100 Tier 3 Copay maximum: \$2,500		Participating pharmacies only (31-day supply): \$7 generic, \$35 preferred brand, \$55 non-preferred brand, \$100 specialty pharmaceuticals Mail order (Up to 90-day supply): \$14 generic, \$70 preferred brand, \$110 non-preferred brand

<sup>1</sup> Premiums for subscribers of experience-rated groups (such as cities, counties and other local subdivisions) may increase, decrease or remain an experience-rated group, your benefits office will announce next year's rates.

<sup>2</sup> Refer to your 2008 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.



Benefits Offered for 2009<sup>1</sup>

CIGNA HMO <sup>2</sup>	Medicare Supplemental Plan <sup>2</sup>
<b>Not available</b> in Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties; emergency and urgent coverage worldwide	Same as Medicare  Available to retirees and covered dependents/survivors who are eligible for Medicare
<b>\$192.30</b> <b>\$477.80</b> <b>\$414.90</b> <b>\$752.52</b>	Refer to the premium tables on pages 8-9 for applicable rates
<b>to verify your rates, contact your benefits office.</b>	
NONE	Pays Medicare Part A and Part B deductibles
HMO pays 80% after copays You pay 20%	Pays Part B coinsurance of 20%
<b>\$2,000</b> <b>\$4,000</b> (includes inpatient, outpatient, copays and coinsurance)	None
<b>\$15</b> PCP copay <b>\$15</b> OB/GYN exam <b>\$30</b> specialist copay	Pays Part B coinsurance of 20%
Inpatient: <b>\$500</b> copay per admission, then HMO pays 80% Outpatient facility: <b>\$250</b> copay per admission, then HMO pays 80% Emergency room: <b>\$100</b> copay, then HMO pays 100%	<b>For inpatient hospital stays</b> , the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Cal approval required)  <b>For skilled nursing facility care</b> , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
Participating pharmacies only (up to 30-day supply): <b>\$7</b> generic, <b>\$25</b> preferred brand, <b>\$50</b> non-preferred brand Mail order (up to 90-day supply): <b>\$14</b> generic, <b>\$50</b> preferred brand, <b>\$100</b> non-preferred brand	Participating pharmacies only (up to 31-day supply): <b>\$10</b> Tier 1 (generic-lowest cost alternative), <b>\$25</b> Tier 2 (brand-higher cost alternative), <b>\$40</b> Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): <b>\$25</b> Tier 1, <b>\$62</b> Tier 2, <b>\$100</b> Tier 3 Copay max: <b>\$2,500</b>

the same, based on the group's rating. If you are a subscriber of

## Plan Changes for 2009

## All Health Plans

- Applied Behavior Analysis (ABA) for children diagnosed with an Autism Spectrum Disorder at age 8 or younger will be covered, subject to plan guidelines and preauthorization requirements, for up to a maximum of \$50,000 per plan year. A child must be younger than 16 years of age to receive benefits.

## State Health Plan Savings Plan, Standard Plan

- No increase in premiums for 2009; refer to the charts on pages 8-9.

## BlueChoice HealthPlan

Refer to the charts on pages 8-9 for 2009 premiums. These are the benefit changes for 2009:

- The human organ transplant lifetime maximum benefit will be \$250,000.

## CIGNA HMO

Refer to the charts on pages 8-9 for 2009 premiums.

## Medicare Supplemental Plan

- No increase in premiums for 2009; refer to the charts on pages 8-9.

**MUSC Options**, a health plan offered in Berkeley, Charleston, Colleton and Dorchester counties, will no longer be available as of January 1, 2009.

**Subscribers enrolled in the plan should choose another plan during annual enrollment, October 1-31.** Those who do not make a choice will be assigned to the State Health Plan Standard Plan.

## MYBENEFITS From page 1

Log in and select "Annual Enrollment" from the menu. Your current coverage, along with the premiums, will be shown at the top of the page. Under "Make Coverage Changes," you will see options available to you during annual enrollment and their premiums. (If you are employed by a local subdivision, contact your benefits administrator for 2009 premiums.)

After you have made changes, choose "Approve Changes." You will then see a summary page comparing your previous choices to those you have just entered. If you are satisfied with the

changes, choose "Approve."

To authorize the changes, you must "sign" the authorization by entering the last four digits of your Social Security Number. Then click on "Sign."

If you change your mind about your selections before annual enrollment ends, contact your benefits administrator or EIP. **No changes can be made after 11:59 p.m. on October 31, 2008.**

**Note:** If you contact EIP via e-mail, be sure to include your Benefits Identification Number (BIN). This will make it quicker and easier for us to assist you.



**2009 Active Employee Monthly Premiums<sup>1</sup>**

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Employee	\$ 9.28	\$ 93.46	\$148.50	\$192.30	\$ 0.00	\$20.60
Employee/spouse	\$ 72.56	\$237.50	\$423.84	\$477.80	\$ 7.64	\$39.00
Employee/children	\$ 20.28	\$142.46	\$320.28	\$414.90	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$629.70	\$752.52	\$21.34	\$60.96

<sup>1</sup> Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

**2009 Regular Retiree (State-funded Benefits) Monthly Premiums<sup>1</sup>**

(Retiree eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree	N/A	\$ 75.46	\$ 93.46	\$148.50	\$192.30	\$ 0.00	\$20.60
Retiree/spouse	N/A	\$201.50	\$237.50	\$423.84	\$477.80	\$ 7.64	\$39.00
Retiree/children	N/A	\$124.46	\$142.46	\$320.28	\$414.90	\$13.72	\$42.56
Full family	N/A	\$258.58	\$294.58	\$629.70	\$752.52	\$21.34	\$60.96

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/spouse	N/A	\$219.50	\$237.50	\$423.84	\$477.80	\$ 7.64	\$39.00
Full family	N/A	\$268.50	\$286.50	\$629.70	\$752.52	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$423.84	\$477.80	\$ 7.64	\$39.00
Full family	\$108.56	\$268.50	\$286.50	\$629.70	\$752.52	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree	\$ 9.28	\$ 93.46	N/A	\$148.50	\$192.30	\$ 0.00	\$20.60
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$423.84	\$477.80	\$ 7.64	\$39.00
Retiree/children	\$ 20.28	\$142.46	N/A	\$320.28	\$414.90	\$13.72	\$42.56
Full family	\$108.56	\$294.58	N/A	\$629.70	\$752.52	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$320.28	\$414.90	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$312.58	\$629.70	\$752.52	\$21.34	\$60.96

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

**2009 COBRA Monthly Premiums**

18 and 36 months

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Subscriber	\$275.58	\$361.46	\$ 417.60	\$ 462.26	\$11.94	\$21.02
Subscriber/spouse	\$599.02	\$767.24	\$ 957.32	\$1,012.36	\$19.74	\$39.78
Subscriber/children	\$397.22	\$521.84	\$ 703.22	\$ 799.72	\$25.94	\$43.42
Full family	\$725.34	\$915.08	\$1,256.92	\$1,382.18	\$33.71	\$62.18
Children (to age 18)	\$121.64	\$160.38	\$ 285.62	\$ 337.46	\$13.99	\$22.40

**29 Months** (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Subscriber	\$ 405.28	\$ 531.54	\$ 614.10	\$ 679.80	\$11.94	\$21.02
Subscriber/spouse	\$ 880.90	\$1,128.30	\$1,407.82	\$1,488.76	\$19.74	\$39.78
Subscriber/children	\$ 584.14	\$ 767.40	\$1,034.14	\$1,176.06	\$25.94	\$43.42
Full family	\$1,066.68	\$1,345.72	\$1,848.40	\$2,032.62	\$33.71	\$62.18
Children (to age 18)	\$ 178.86	\$ 235.86	\$ 420.04	\$ 496.26	\$13.99	\$22.40



**2009 Retiree Full Cost (Non-funded) Monthly Premiums<sup>1</sup>**

(Retiree eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree	N/A	\$336.36	\$354.36	\$ 409.40	\$ 453.20	\$11.71	\$20.60
Retiree/spouse	N/A	\$716.20	\$752.20	\$ 938.54	\$ 992.50	\$19.35	\$39.00
Retiree/children	N/A	\$493.60	\$511.60	\$ 689.42	\$ 784.04	\$25.43	\$42.56
Full family	N/A	\$861.14	\$897.14	\$1,232.26	\$1,355.08	\$33.05	\$60.96

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/spouse	N/A	\$734.20	\$752.20	\$ 938.54	\$ 992.50	\$19.35	\$39.00
Full family	N/A	\$871.06	\$889.06	\$1,232.26	\$1,355.08	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/spouse	\$587.26	\$734.20	\$752.20	\$ 938.54	\$ 992.50	\$19.35	\$39.00
Full family	\$711.12	\$871.06	\$889.06	\$1,232.26	\$1,355.08	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree	\$270.18	\$354.36	N/A	\$ 409.40	\$ 453.20	\$11.71	\$20.60
Retiree/spouse	\$587.26	\$752.20	N/A	\$ 938.54	\$ 992.50	\$19.35	\$39.00
Retiree/children	\$389.42	\$511.60	N/A	\$ 689.42	\$ 784.04	\$25.43	\$42.56
Full family	\$711.12	\$897.14	N/A	\$1,232.26	\$1,355.08	\$33.05	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Retiree/children	\$389.42	\$511.60	\$529.60	\$ 689.42	\$ 784.04	\$25.43	\$42.56
Full family	\$711.12	\$897.14	\$915.14	\$1,232.26	\$1,355.08	\$33.05	\$60.96

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.**2009 Survivor Full Cost (Non-funded) Monthly Premiums<sup>1</sup>**

(Spouse eligible for Medicare/children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$409.40	\$453.20	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$529.60	\$689.42	\$784.04	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$280.02	\$330.84	\$13.72	\$21.96

(Spouse eligible for Medicare/children **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$409.40	\$453.20	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$511.60	\$689.42	\$784.04	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$280.02	\$330.84	\$13.72	\$21.96

(Spouse **not** eligible for Medicare/children eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$409.40	\$453.20	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	\$529.60 <sup>3</sup>	\$689.42	\$784.04	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 <sup>3</sup>	\$280.02	\$330.84	\$13.72	\$21.96

(Spouse **not** eligible for Medicare/children **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental <sup>2</sup>	BlueChoice HealthPlan	CIGNA HMO	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$409.40	\$453.20	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	N/A	\$689.42	\$784.04	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$280.02	\$330.84	\$13.72	\$21.96

<sup>1</sup> Rates for local subdivisions may vary. To verify your rates, contact your benefits office.<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.<sup>3</sup> This premium applies only if one or more children are eligible for Medicare.

# Preventing Disease Can Help You Save Money

It is often less expensive to prevent a disease than to treat it. Take advantage of these preventive benefits and programs designed to keep you and your family healthier.

## Health Management Program

Making the lifestyle changes necessary to manage a chronic condition can be difficult. Studies show that by improving your self-management skills and by following your doctor's plan of care, you can help control your symptoms. Most importantly, you can delay or even prevent many of the complications of a chronic condition by taking care of yourself today.

Being a good self-manager starts with understanding your condition and your doctor's plan of care. BlueCross BlueShield of South Carolina's Health Management Program is designed to help State Health Plan subscribers and their covered dependents with diabetes, heart disease or chronic respiratory conditions.

### How the Program Works:

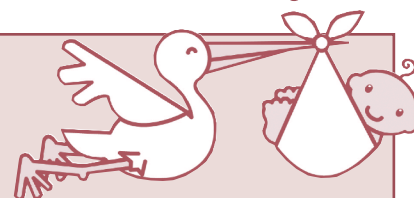
BlueCross identifies participants for the program from healthcare information received from medical, pharmacy and laboratory claims. If you are identified as someone who could benefit from the program, you are automatically enrolled.

## Attention Mothers-To-Be

If you are a mother-to-be enrolled in the State Health Plan, **you must call Medi-Call within the first trimester to enroll in the Maternity Management Program.**

Medi-Call administers the Employee Insurance Program's comprehensive maternity program, "Coming Attractions." You can now notify Medi-Call of your pregnancy and enroll in "Coming Attractions" online through the Personal Health Record's maternity screening.

Once you are enrolled in the maternity management program you can correspond online with your case manager and receive relevant articles from recognized medical resources. To access your Personal Health Record visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and log into My Health Toolkit.



If identified, you will receive a welcome letter, which includes the name and contact information for your dedicated BlueCross health coach. Your health coach, a registered nurse, will help you learn more about your condition and ways to manage it. Your health coach will help you work with your doctor to develop a plan to take charge of your illness, contacting you either by phone or through the online Personal Health Record.

### The Personal Health Record:

The Personal Health Record is a safe and secure health record available to you through our Web site. With the Personal Health Record, you can access your consolidated health information 24 hours a day, seven days a week. Your health coach can send you messages, tasks and more information regarding your condition online. To access your record, visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and log into My Health Toolkit.

### About Your Privacy:

In compliance with federal law, your information will be kept confidential.

Your employer does not receive information from any surveys you complete. Enrolling will not affect your health benefits or your ability to get health benefits in the future.

For more information about the Health Management Program, call 803-264-3100 (Greater Columbia area) or 800-334-7287 (toll-free outside the Columbia area).

## Worksite Screenings

This comprehensive health screening measures cholesterol levels, blood pressure, triglyceride levels, kidney function and red and white blood cell counts. These measurements indicate whether you are at risk for developing hypertension, diabetes and anemia.

The screening costs only \$15 and is available to active and retired employees covered by one of the health plans offered through EIP and who are not Medicare-eligible. The screenings are also available to spouses of eligible employees and retirees.

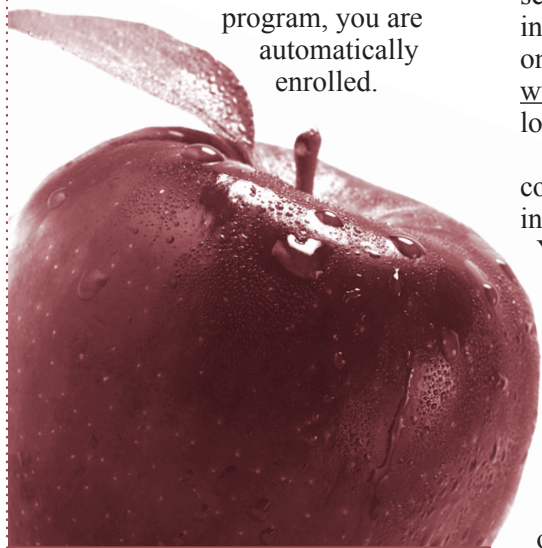
For more information, call Prevention Partners or visit [www.eip.sc.gov](http://www.eip.sc.gov). Click on "Prevention Partners" and go to "Early Detection."

## Free & Clear® Quit for Life™

Beginning January 1, 2010, subscribers who use tobacco will pay more for their health insurance through EIP.

Here are ways you can avoid paying those higher premiums.

As an SHP subscriber—active or retired—you and your covered dependents ages 18 and older may participate (at no charge) in Free & Clear Quit for Life, a research-based program that has been successful in helping people stop tobacco use.



See **HEALTH** on page 12

# Prudential is Our New Long Term Care Provider

The Employee Insurance Program (EIP) is always seeking the best possible insurance options for you and your family. We recognize the importance of helping to protect your assets and independent lifestyle with long term care insurance. That is why we are pleased to announce that we have selected The Prudential Insurance Company of America (Prudential) as our new long term care insurance provider.

Since our previous carrier, Aetna Life Insurance Company (Aetna), has announced that it is no longer selling group long term care insurance, EIP has selected The Prudential Insurance Company of America (Prudential) to provide long term care insurance for EIP subscribers and their families. As of January 1, 2009, all new long term care insurance plans will be offered by Prudential. Prudential has been one of the leading providers of group insurance in the United States for over 90 years.

Prudential Long Term Care<sup>SM</sup> Insurance will be available for employees, retirees and qualified family members, such as a spouse, parent, parent-in-law, grandparent, grandparent-in-law, siblings, and adult children and their spouses. Persons enrolled in the Aetna long term care plans have been given the opportunity to replace Aetna long term care insurance coverage with the new Prudential plan without evidence of insurability, and at rates based on the age the insured was when that person first purchased Aetna coverage, or they have been given the option to remain in their current Aetna long term care plan. For those EIP subscribers who were not enrolled in the Aetna long term care insurance plan, Prudential will provide, from February 16-March 6, 2009, an opportunity to purchase long term care coverage with no evidence of insurability required. A spouse, parent, parent-in-law, grandparent, grandparent-in-law, siblings, and adult children and their spouses may also enroll during that time, with evidence of insurability.

**Be sure to watch for upcoming announcements and opportunities to learn more. Remember, Long Term Care open enrollment is scheduled for February 16-March 6, 2009.**

## New Convenient Premium Payment Methods — with Discounts!

Long Term Care Insurance premiums will no longer be available for payroll/pension deduction under the Employee Insurance Program, effective January 1, 2009. Employees, retirees, and qualified family members can select a direct billing method, which provides discounts for semi-annual and annual payments. You can also select the monthly Electronic Funds Transfer (EFT) option and have the premium withdrawn automatically from your checking or savings account.



Prudential Long Term Care<sup>SM</sup> Insurance is issued by **The Prudential Insurance Company of America**, 751 Broad Street, Newark, NJ 07102. 877-214-6588. Coverage may not be available in your state. This coverage contains benefits, exclusions, limitations, eligibility requirements, and specific terms and provisions under which the insurance coverage may be continued in force or discontinued. (Contract Series: 83500.) Prudential and the Rock logo are registered service marks of The Prudential Insurance Company of America.

## What is Long Term Care?

Long term care is the help or supervision provided for someone with severe cognitive impairment, or the inability to perform the activities of daily living: bathing, dressing, eating, toileting, transferring and continence. Services may be provided at home or in a facility — and care may be provided by a professional or informal caregiver, such as a friend or family member.

A debilitating disease or injury may result in the need for long term care. Long term care insurance can help offset the high cost of care. It's never too early to purchase coverage — the younger you are, generally the lower your premium for the life of your plan.

### Why do I need long term care insurance?

Your odds of needing long term care services may be greater than you think. More than 2 in 5 persons over the age of 65 will require nursing home care at some time in their lives.<sup>1</sup> A spinal cord injury, stroke, Parkinson's disease or Alzheimer's disease could leave you in need of long term care services.

**How expensive is long term care?** Nursing home care alone can cost a national average of \$74,000 a year.<sup>2</sup> Long term care insurance can help offset this cost. When people suddenly find themselves the primary caregiver for a loved one, the responsibility could result in a huge financial and emotional burden.

### Isn't care covered by other insurance?

Disability income insurance provides no benefits for the services covered by long term care insurance — while Medicaid, Medi-Cal and Medicare have limitations.

**Am I too young for long term care insurance coverage?** It's never too early to purchase coverage. You may be surprised to learn that 40% of long term care insurance benefit recipients are under the age of 65.<sup>3</sup> And the younger you are when you first purchase long term care insurance, generally the lower your premium for the life of your plan, regardless of your age or health status in later years.<sup>4</sup>

<sup>1</sup> "Long Term Care Insurance: Who Really Needs It?," Journal of Financial Planning, Sept. 2004.

<sup>2</sup> Prudential Financial Long Term Care Cost Survey, 2006.

<sup>3</sup> Americans for Long-Term Care Security (ALTCS), "Did You Know," 2005, [www.ltcweb.org/learn.html#did](http://www.ltcweb.org/learn.html#did).

<sup>4</sup> Prudential reserves the right to change premium rates in the future, but only on a class basis.



## Act Quickly for COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that continuation of group health and/or dental insurance coverage be offered to you and/or your covered dependents if you are no longer eligible for coverage due to a qualifying event. Qualifying events include:

- The employee's working hours are reduced from full-time to part-time
- The employee voluntarily quits work, retires, is laid off or is fired (unless the firing is due to gross misconduct)
- The employee is separated or divorced from his spouse
- A covered child no longer qualifies as a dependent.

To extend coverage under COBRA, the subscriber must notify his benefits office within 60 days of the qualifying event or the date coverage would have been lost due to the qualifying event, whichever is later. Otherwise, the individual will lose his rights to COBRA coverage.

To begin coverage under COBRA, a COBRA Notice of Election form and premiums must be submitted. The initial premium must be paid within 45 days from the date coverage was elected. This first premium payment must include premiums for the month following the date you lost coverage, the month you elected coverage and the first full month of COBRA coverage.



## HEALTH From page 10

You can enroll in the 12-month program at any time during the year. When you call, your eligibility will be verified, and you will promptly be referred to a quit coach. A quit coach works with you to create a personalized "quit plan." You may make unlimited calls to Free & Clear and receive free tobacco treatment products for the entire program period.

Free & Clear is also available to BlueChoice HealthPlan subscribers. Call 866-QUIT-4-LIFE (866-784-8454) to enroll. CIGNA HMO subscribers can participate in their health plan's smoking cessation program by calling 800-244-6224.

## Routine Colonoscopies

The SHP has long paid benefits for diagnostic colonoscopies. The plan also covers one colonoscopy every 10 years for subscribers age 50 and older, even if there are no apparent problems. The procedures are subject to deductibles and coinsurance. This benefit does not include the cost of the office visit preceding the colonoscopy.

## Routine Mammograms

Routine, four-view mammograms are covered at 100 percent, as long as you use a participating facility and meet eligibility requirements. Diagnostic mammograms are covered under the SHP, just like any other diagnostic test. The following guidelines for SHP subscribers apply:

- Ages 35-39: One baseline mammogram will be covered
- Ages 40-74: One routine mammogram every year.

For more information on mammography guidelines, please contact EIP's Customer Service Department at 803-734-0678.



Total printing cost: \$26,084; Total number printed: 330,000; Unit cost: \$0.079

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